



ROSS MILLER
Secretary of State
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Application for Registration of Foreign Limited-Liability Company

(PURSUANT TO NRS 86.544)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

| | | | |
|---|--|--|---|
| 1. Name of Foreign Limited-Liability Company: | <div>Check box if a Series Limited-Liability Company <input type="checkbox"/></div> | | |
| 2. Name Being Registered with Nevada: (see instructions) | The name under which this foreign limited-liability company proposes to register and transact business in Nevada is: <div></div> | | |
| 3. Entity Domicile: (date and state or country of formation) | <div></div> Date Formed | <div></div> State or Country of Formation | |
| 4. Registered Agent for Service of Process: (check only one box) | <div><input type="checkbox"/> Commercial Registered Agent: <div></div> Name</div> <div><input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)</div> <div>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</div> <div><div>Street Address</div><div>City</div><div>Nevada</div><div>Zip Code</div></div> <div><div>Mailing Address (if different from street address)</div><div>City</div><div>Nevada</div><div>Zip Code</div></div> <div><i>In the event the above-designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.</i></div> | | |
| 5. Records Office: (see instructions) | <div></div> Street Address | <div></div> City | <div></div> State <div></div> Zip Code |
| 6. Street Address of Principal Office: (or office required to be maintained in the domicile state by the laws of that state) | <div></div> Street Address | <div></div> City | <div></div> State <div></div> Zip Code |
| 7. Name and Address of each Manager or Member: (attach additional page if more than 1) | <div>Name</div> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> | | |
| 8. Name and Signature of Manager or Member: | <div></div> Name | <div>X</div> Authorized Signature | |
| 9. Certificate of Acceptance of Appointment of Registered Agent: | <div>I hereby accept appointment as Registered Agent for the above named Entity.</div> <div>X</div> <div>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</div> <div>Date</div> | | |

This form must be accompanied by appropriate fees.